

RECEIVED
CENTRAL FAX CENTER

BEST AVAILABLE COPY

NOV 13 2006

FAX TRANSMISSION**DATE:** November 13, 2006**PTO IDENTIFIER:** Application Number 10/034,996-Conf. #1079**Inventor:** Ulf Mattsson**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Steven Cohen

PHONE: (617) 439-4444**Attorney Dkt. #:** 65760(53142)**PAGES (Including Cover Sheet):** 6**CONTENTS:**

Transmittal Form (1 page)

Revocation of POA with New POA and Change of Correspondence Address (3 pages)

Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 439-4444 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

EDWARDS ANGELL PALMER & DODGE LLP
P.O. Box 55874, Boston, Massachusetts 02205
Telephone: (617) 439-4444 Facsimile: (617) 439-4170

RECEIVED
CENTRAL FAX CENTER

NOV 13 2006

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No.: 10/034,996

Attorney Docket No.: 65760(53142)

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office to facsimile no. (571) 273-8300.

on November 13, 2006
Date


Signature

Natasha French

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 439-4444
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal Form (1 page)

Revocation of POA with New POA and Change of Correspondence

Address (3 pages)

Facsimile Cover Sheet (1 page)

RECEIVED
CENTRAL FAX CENTER

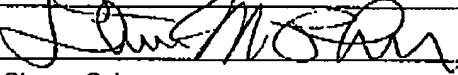
NOV 13 2006

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/034,996-Conf. #1079																															
		Filing Date	December 28, 2001																															
		First Named Inventor	Ulf Mattsson																															
		Art Unit	2137																															
		Examiner Name	C.D. Fields																															
Total Number of Pages in This Submission	6	Attorney Docket Number	65760(53142)																															
ENCLOSURES (Check all that apply)																																		
<table border="0"> <tr> <td><input type="checkbox"/> Fee Transmittal Form</td><td><input type="checkbox"/> Drawing(s)</td><td><input type="checkbox"/> After Allowance Communication to TC</td></tr> <tr> <td><input type="checkbox"/> Fee Attached</td><td><input type="checkbox"/> Licensing-related Papers</td><td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td></tr> <tr> <td><input type="checkbox"/> Amendment/Reply</td><td><input type="checkbox"/> Petition</td><td><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)</td></tr> <tr> <td><input type="checkbox"/> After Final</td><td><input type="checkbox"/> Petition to Convert to a Provisional Application</td><td><input type="checkbox"/> Proprietary Information</td></tr> <tr> <td><input type="checkbox"/> Affidavits/declaration(s)</td><td><input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td><td><input type="checkbox"/> Status Letter</td></tr> <tr> <td><input type="checkbox"/> Extension of Time Request</td><td><input type="checkbox"/> Terminal Disclaimer</td><td><input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):</td></tr> <tr> <td><input type="checkbox"/> Express Abandonment Request</td><td><input type="checkbox"/> Request for Refund</td><td>Certificate of Transmission (1 page)</td></tr> <tr> <td><input type="checkbox"/> Information Disclosure Statement</td><td><input type="checkbox"/> CD, Number of CD(s) _____</td><td>Facsimile Cover Sheet (1 page)</td></tr> <tr> <td><input type="checkbox"/> Certified Copy of Priority Document(s)</td><td><input type="checkbox"/> Landscape Table on CD</td><td></td></tr> <tr> <td><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application</td><td colspan="2" rowspan="3">Remarks</td></tr> <tr> <td><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53</td></tr> </table>				<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):	<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Certificate of Transmission (1 page)	<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Facsimile Cover Sheet (1 page)	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks		<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC																																
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences																																
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)																																
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information																																
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter																																
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):																																
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Certificate of Transmission (1 page)																																
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Facsimile Cover Sheet (1 page)																																
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD																																	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks																																	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53																																		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT																																		
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP																																	
Signature																																		
Printed name	Steven Cohen																																	
Date	November 13, 2006	Reg. No.	59,503																															

574382